

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Division of Personnel Services.

CHECK ONE: NEW POSITION EXISTING POSITION

Part 1 - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name	9. Position No.	10. Budget Program Number	Agency Number	
2. Employee Name (leave blank if position vacant)		11. Present Class Title (if existing position)		
3. Division		12. Proposed Class Title		Position Number
4. Section		13. Allocation		
5. Unit		14. Effective Date		
6. Location (address where employee works) City _____ County _____		15. By _____	Approved _____	
7. (circle appropriate time) Full time Perm. Inter. Part time Temp. 100%		16. Audit Date: _____ By: _____ Date: _____ By: _____		
8. Regular hours of work: (circle appropriate time) FROM: _____ AM/PM TO: _____ AM/PM		17. Audit Date: _____ By: _____ Date: _____ By: _____		

PART II - To be completed by department head, personnel office or supervisor of the position

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

19. Who is the supervisor of this position? (Who assigns work, gives directions, answers questions and is directly in charge.)

Name	Title	Position Number
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Who evaluates the work of an incumbent in this position?

Name	Title	Position Number
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20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

21. Describe the work of this position using this page or one additional page only. (Use the following format for describing job duties:)

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time	

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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.
- Lead worker assigns, trains, schedules, oversees, or reviews work of others.
 - Plans, staffs, evaluates, and directs work of employees of a work unit.
 - Delegates authority to carry out work of a unit to subordinate supervisors or managers.
- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.
- | Title | Position Number |
|--------------|------------------------|
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23. Which statement best describes the results of error in action or decision of this employee?
- Minimal property damage, minor injury, minor disruption of the flow of work.
 - Moderate loss of time, injury, damage, or adverse impact on health and welfare of others.
 - Major program failure, major property loss, or serious injury or incapacitation.
 - Loss of life, disruption of operations of a major agency.
- Please give examples.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

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25. What hazards, risks or discomforts exist on the job or in the work environment?

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used.

PART III - To be completed by the department head or personnel office

27. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

Education or Training - Special or professional

Licenses, certificates and registrations

Special knowledge, skills and abilities

Experience - Length in years and kind

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Signature of Employee

Date

Signature of Personnel Official

Date

Approved:

Signature of Supervisor

Date

Signature of Agency Head or
Appointing Authority

Date